## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED Sep 25, 2002 8:00 am Secretary of State

DOCUMENT # P00000089430 1. Entity Name							09-25-2002 90122 038 ***158.75		
Floric	da Auto	Care System	s, Inc.						
	DO N	OT WRI	TE IN 1	THIS SPA	CE		٠.		
Principal Place of Business     3580 Stringfellow Rd.				Mailing Address     3580 Stringfellow Rd.					
Suite, Apt. #, etc.				Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State St. James City, Florida			City & St. Ja	City & State St. James City, Florida			FEI Number 65-1046141	Applied For Not Applicable	
<sup>Zip</sup> 33956		Country USA	Zip 3395		ountry SA		Certificate of Status Desired	\$8.75 Additional Fee Required	
					Name He	7. Na nry J. J	ame and Address of Current Registere	d Agent	
DO NOT WR				<del></del>		Street Address (P.O. Box Number is Not Acceptable)			
	11	N THIS S	SPACE	ACE		2905 S.W. 26th Street			
The above named entity submits this statement for the purpose					City Cape	Coral	FL	Zip Code 33914	
Tax filing requirement and elects to do so.				January 1 - May 1 After May 1, Fe Amended UB e Check Payable to	e is \$550.00 R is \$61.25		10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
11. TITLE NAME	(PTD) -		AND DIRECTORS	e Check Payable to	Department of	State	Hust Fano Congredady.	Added to Fees	
STREET ADDRESS CITY - ST - ZIP		es City, FL 33	956	1	STREET ADDRESS CHY-ST-ZIP		<u> </u>		
TITLE NAME STREET ADDRESS CITY-ST-ZEP	2905 S.V	Henry J. Jewell V. 26th St. oral, FL 33914		: N	ITLE HAME TREET ADDRESS HTY-ST-ZIP			4	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				N S	ITLE IAME TREET ADDRESS ITY-ST-ZIP		DO NOT WRI	TE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				, , ,	ITLE AME IREET ADORESS ITY-ST-ZIP		IN THIS SPACE	CE	
ITTLE NAME STREET ADDRESS CITY-ST-ZIP				S	TLE AME FREET ADDRESS ITY-ST-ZIP				
ITILE NAME STREET ADDRESS : CITY-ST-ZIP				N. St	TLE AME IREET ADDRESS TY-ST-ZIP	-	2		
<ol> <li>I hereby of indicated of the corpattachmen</li> </ol>	certify that the on this report poration or the nt with an add	information supplied or supplemental repo e receiver or trustee or ress, with all other like	with this filing doo nt is true and acc empowered to ex empowered.	es not qualify for the exurate and that my sign ecute this report as re	cemption stated in lature shall have t equired by Chapte	Section 1 he same le er 607, Flor	19.07(3)(i), Florida Statutes. I further cert egal effect as if made under oath; that I a ida Statutes; and that my name appears	ify that the information in an officer or director in Block 11 or on an	

9/21/02

239-541-0782

FLORIDA AUTO CARE SYSTEMS INC. 873813

September 21, 2002

Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

To Whom It May Concern:

This letter is being sent on behalf of Florida Auto Care Systems Inc. requesting that the late fees or any re-instatement fees be waived. We are asking this because we did not receive the 2002 Uniform Business Report Forms or any letters pertaining to its filing.

We are currently working on submitting our annual report and it came to our attention that the 2002 Uniform Business Form had not been filed so we called the Division of Corporations and we were instructed to download the form from the Internet and fill out and send in along with this letter and the correct amount of monies.

If you have any questions or concerns, please do not hesitate to contact us at 239-282-2124. Sorry for any inconvenience that this may have caused and we really appreciate your assistance in this matter.

Sincerely,

Henry J. Jewell

Florida Auto Care Systems Inc.

Vice President / Secretary